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Weekly Bulletin



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EDITOR

HOW TO TAKE NOSE AND THROAT SWABS.

By EDWARD F. GLASER, M.D., San Francisco, Member, California State Board of Health.

The importance of absolute exactness in diphtheria diagnosis made possible by correct report of cultures from the throat and nose, makes obvious the necessity of a proper technique in taking swabbings for cultural tests for diphtheria. Even so simple a procedure is often inadequately or carelessly done with a resulting report which may mislead. Laboratory technicians sometimes wonder if poor swabbings are not sent intentionally to obtain negative findings. For release, it has been deemed safer to have the swab taken by the health officer or his assistant.

The official direction for taking cultures, requires that an antiseptic "should not be used within two hours prior to taking the specimen as it may interfere with the subsequent development of the culture." The operator should not work in the dark, but have a good view of the field, that is, good illumination, and in the throat must use a tongue depressor and keep tongue well out of the way so to avoid just swabbing the back of the tongue or of wiping off and therefore, losing or of contaminating the tonsillar smear on the rough surface of the tongue. The mouth contamination will often overgrow the diphtheria culture.

The swab is to be rubbed firmly over suspicious places. If there is no exudate rub swab thoroughly against the tonsils and pharynx. Especially for

"carriers" and "contacts" should the tonsillar crypts be pressed out, for in these and in the vault of the nasopharynx are generally found the bacilli, which therefore, are not caught by the surface swabbing.

If membrane exists, an effort should be made to gently raise up one edge and insert swab underneath. The exposed surface of the membrane may consist only of necrotic tissue and debris which would give negative result.

In the nose it is useless to only wipe out the anterior nares with a swab. It should be gently inserted and pushed back and not stopped by the turbinates, but on into the naso-pharynx and then raised into the vault, the home of the adenoid tissue, and where the bacilli are only too often "carried." Here the swab should be firmly twisted around and withdrawn without wiping it off or contaminating it by striking the sides of the nares.

The importance of doing both throat and nose swabs is shown by the larger number of positives where adequate swabbing of both has been accomplished. The tubes for swabs are accompanied by specific directions as to the handling, marking and forwarding of the specimens, which the doctor should not consider himself too busy to read and to follow.



It is characteristic of Science and Progress that they continually open new fields to our vision.—Pasteur.

### Use of Tuberculin Test In Certified Dairies.

The Milk Commission of the San Francisco County Medical Society has been active since 1907, carrying on its work persistently and thoroughly. It is encouraging to the commission to note the extensive growth in the use of certified milk in candy stores and other refreshment places where children are served. One cafeteria and eight hospitals in San Francisco and the Stanford Convalescent Home at Palo Alto are now providing certified milk for children in their institutions. A bulletin, just issued by the commission, is reproduced here, because of the information concerning the use of the tuberculin test in certified dairies. It reads, in part, as follows:

"The Milk Commission of the San Francisco County Medical Society has guaranteed to the physicians of San Francisco and environs, reaching from Sacramento to San Jose, a supply of milk of the highest possible grade.

In addition to requiring a bacterial content in raw milk below 10,000 per cubic centimeter, the absence of tuberculosis from the dairy herd is secured by the most rigorous testing. To appreciate this standard, one must understand that tuberculosis is far more prevalent among dairy cattle than among human beings, and that in infancy and childhood the menace from bovine tuberculosis is considerable.

The Milk Commission requires that no cows be bought for the certified herds except under the test, and in addition, the whole group from which the cows come must be subjected to the tuberculin test and show only 10 per cent of reactors. This standard, known as the 10 per cent rule, was adopted by your Commission in 1911 and has been adhered to ever since. In addition, we urge our producers to raise the heifers born on the premises, thus securing animals never exposed to tuberculosis.

The whole herd, dry and milk cows and young stock, is given the tuberculin test semi-annually and any reactors excluded at once. Only by this constant repetition of the safeguard of the semi-annual tuberculin test, can the standard be maintained.

All additions to the herd are submitted to the subcutaneous test, which requires preliminary tempera-

ture record and then the temperature for eighteen hours after the tuberculin is injected.

The semi-annual test is given alternating the intradermal and subcutaneous methods. The former gives a skin reaction at the site of inoculation and is considered by our producers to be more delicate than the subcutaneous method in detecting reactors.

The price of certified milk is 25 cents a quart. The technic for cleanliness and a healthy herd is expensive to keep up.

Your Commission is writing these folders to be sure that you understand the standards it is seeking to maintain and that you will continue to use this product in infant feeding and the dietary of delicate adults.

MILK COMMISSION,  
San Francisco County Medical  
Society."



### Laboratory Issues Bulletin To Workers.

Dr. W. H. Kellogg, Director of the State Hygienic Laboratory, has begun the publication of a mimeographed bulletin which will be issued at irregular intervals to laboratory workers throughout the state. In the first issue, recently mailed out, Dr. Kellogg outlines the purpose of the publication. He says:

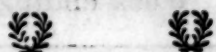
"It is too often the case that individuals engaged in laboratory work pursue the even and sometimes monotonous tenor of their way oblivious in varying degree to the happenings in the clinical laboratory world. They are almost certain to be out of touch with their fellows in other laboratories in their immediate vicinity, perhaps only across the hall from them. Each has his own preferred method for doing things, the method that sometimes has its preference based on no better reason than that it is the one that was acquired from some former instructor or associate. Sometimes the worker is convinced in his own mind that his pet method is the result of much experience and has stood the test of time; but of what avail is a series of one thousand or five thousand or one hundred thousand Wassermann tests if one method alone has been used in the entire series? Contact with others will help us to better evaluate our own methods and will also help us to realize that

there are others in our field as competent as ourselves.

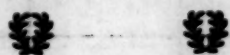
This publication will, it is hoped, serve as a medium for the distribution of information of interest to the California laboratories, private, hospital and municipal, and thus serve as a connecting link between them. Correspondence, contributions and criticism are invited."

"We feel that it is a proper function of the Hygienic Laboratory to correlate as much as possible the field of clinical laboratory activities in California and particularly wherever a bearing on the public health is evident. It should carry out certain lines of investigation that are not possible in most laboratories on account of press of routine work or lack of facilities and share any information thus obtained with all."

"The Hygienic Laboratory stands ready to aid in the solution of individual problems of other laboratories. Many ways in which this can be done will immediately suggest themselves; for example, a Wassermann method can be checked against the Kolmer method carried out according to the standards of the author to the minutest detail. We will also gladly titrate such reagents as amboceptor, antigen and the agglutinating sera with full assurance of accuracy."



The fate of a nation has often depended on the good or bad digestion of a prime minister.—Voltaire.



### Surgeon General Issues Smallpox Warning.

Surgeon General Cumming of the United States Public Health Service has issued a warning concerning the increased prevalence of smallpox throughout the United States. He says:

"The neglect of vaccination in many districts of certain sections of the United States has led to a recrudescence of smallpox with the corresponding suffering experienced by its victims and a wholly unnecessary sacrifice of human lives in the years 1922 and 1923, amounting to 967 known deaths from smallpox, and possibly a number of others which were not reported.

During the first six months of 1924 an additional toll of at least 200 human lives has been taken, every one of which deaths could have been prevented by vaccination and revaccination.

The increasing number of cases of smallpox, the continued spread of this

disease from city to city, and from state to state, will, if not checked, not only augment the number of victims, but may bring about a condition which will seriously interfere with the movements of passengers on trains, steamers, automobiles, and other carriers. It is conceivable that this interference might be of a degree that would involve the expenditure of hundreds of thousands of dollars in quarantine, a contingency which might easily be avoided provided our people can be induced to protect themselves by vaccination and revaccination.

The Public Health Service is being importuned at the present time to exercise its authority in enforcing interstate quarantine to prevent the migration of the unvaccinated when there is danger that these may have been exposed to smallpox.

It is particularly desirable that the Federal Government may not be forced to interfere in interstate travel, and it is earnestly hoped that the authorities of all states, counties, municipalities, or other units of government will immediately begin campaigns to secure the vaccination or revaccination of all persons who have not been recently successfully vaccinated, particularly in those states where smallpox is prevalent.

Vaccination and revaccination being a perfect protection against smallpox, it might be argued that protection against the disease is a matter which should be left to the discretion of the individual, but there is no more reason for leaving the defense against an enemy of the state, such as smallpox is, to the discretion of the individual, than there would be in leaving the defense of the state against an armed invading force, to the individual. These enemies are equally dangerous. Furthermore, there are a large number of persons who are otherwise good citizens, who, because of indifference, carelessness, and lack of information, and oftentimes because of having been deceived by false propaganda and deliberate misinformation either fail or refuse to protect themselves and their trusting but helpless children until it is too late. These same children of misinformed or irresponsible parents, being too young to judge for themselves, are entitled to the protection of the state, and certainly the state is derelict in its duties if it allows such unprotected children to be exposed to smallpox."



God could not be everywhere, therefore He made mothers.—Jewish proverb.

**MORBIDITY.\*****Diphtheria.**

99 cases of diphtheria have been reported, as follows: San Francisco 15, Los Angeles 20, Los Angeles County 10, Berkeley 6, Oakland 7, Santa Clara County 3, Williams 1, Alameda County 1, San Joaquin County 1, Woodland 1, Humboldt County 1, Long Beach 2, San Diego 2, Sacramento 4, Modesto 1, Merced 1, San Jose 4, LaVerne 1, Redondo 2, Fresno County 4, Burbank 1, Hawthorne 2, Salinas 1, Richmond 1, Kern County 1, El Segundo 2, Fillmore 3, Santa Barbara County 1.

**Measles.**

22 cases of measles have been reported, as follows: Los Angeles County 5, San Francisco 5, Los Angeles 3, Oakland 1, Long Beach 1, Burbank 1, Huntington Park 1, Colton 1, Watsonville 1, Eureka 1, Pasadena 1, Benicia 1.

**Scarlet Fever.**

26 cases of scarlet fever have been reported, as follows: Los Angeles 5, San Francisco 4, Long Beach 2, Kern County 1, San Diego 1, Tulare County 1, Monrovia 1, Bakersfield 1, San Jose 2, Hanford 1, Colusa County 1, Orange County 1, Nevada County 1, San Bernardino County 1, Humboldt County 1, Sacramento 1, Kingsburg 1.

**Smallpox.**

43 cases of smallpox have been reported, as follows: Los Angeles 18, Los Angeles County 6, Kern County 5, Burbank 4, Livermore 1, Orange County 1, Long Beach 2, Fresno

County 1, Oakland 1, San Diego 1, Redondo 1, Alhambra 2.

**Typhoid Fever.**

7 cases of typhoid fever have been reported, as follows: Tracy 1, Alameda 1, Riverside County 1, Visalia 1, California 3.

**Whooping Cough.**

65 cases of whooping cough have been reported, as follows: Los Angeles 15, Los Angeles County 14, Fullerton 7, San Francisco 4, Alameda 1, Long Beach 4, San Diego 1, Redondo 2, Glendora 1, Berkeley 1, Palo Alto 2, Riverside 4, Eureka 1, Monterey County 2, Alameda County 1, San Luis Obispo County 2, Anaheim 3.

**Cerebrospinal Meningitis.**

3 cases of cerebrospinal meningitis have been reported, as follows: San Francisco 2, Imperial County 1.

**Poliomyelitis.**

1 case of poliomyelitis has been reported from Eureka.

**Epidemic Encephalitis.**

2 cases of epidemic encephalitis have been reported, one from Alhambra and one from Long Beach.

**Typhus Fever.**

One case of typhus fever has been reported from Los Angeles.

\*From reports received on August 18 and 19 for week ending August 16.

**COMMUNICABLE DISEASE REPORTS.**

| DISEASES                      | 1924        |        |        |                                                     | 1923        |        |         |                                                     |
|-------------------------------|-------------|--------|--------|-----------------------------------------------------|-------------|--------|---------|-----------------------------------------------------|
|                               | Week ending |        |        | Reports for week ending Aug. 16 received by Aug. 19 | Week ending |        |         | Reports for week ending Aug. 18 received by Aug. 21 |
|                               | July 26     | Aug. 2 | Aug. 9 |                                                     | July 28     | Aug. 4 | Aug. 11 |                                                     |
| Anthrax.....                  | 0           | 0      | 0      | 0                                                   | 1           | 0      | 0       | 1                                                   |
| Botulism.....                 | 0           | 0      | 0      | 0                                                   | 0           | 0      | 0       | 0                                                   |
| Cerebrospinal Meningitis..... | 1           | 2      | 1      | 3                                                   | 0           | 1      | 5       | 1                                                   |
| Chickenpox.....               | 45          | 55     | 44     | 41                                                  | 43          | 37     | 34      | 13                                                  |
| Diphtheria.....               | 166         | 137    | 153    | 99                                                  | 129         | 99     | 112     | 100                                                 |
| Dysentery (Bacillary).....    | 0           | 0      | 0      | 11                                                  | 0           | 2      | 2       | 0                                                   |
| Epidemic Encephalitis.....    | 0           | 4      | 2      | 2                                                   | 3           | 4      | 2       | 1                                                   |
| Epidemic Jaundice.....        | 0           | 0      | 0      | 0                                                   | 0           | 0      | 0       | 0                                                   |
| Gonorrhoea.....               | 75          | 64     | 108    | 268                                                 | 83          | 93     | 127     | 73                                                  |
| Influenza.....                | 4           | 4      | 6      | 5                                                   | 14          | 2      | 2       | 4                                                   |
| Leprosy.....                  | 0           | 3      | 0      | 0                                                   | 0           | 0      | 0       | 0                                                   |
| Malaria.....                  | 1           | 1      | 1      | 0                                                   | 8           | 2      | 5       | 5                                                   |
| Measles.....                  | 54          | 43     | 35     | 22                                                  | 238         | 194    | 177     | 158                                                 |
| Mumps.....                    | 28          | 9      | 15     | 8                                                   | 10          | 9      | 2       | 4                                                   |
| Pneumonia.....                | 22          | 18     | 29     | 17                                                  | 96          | 27     | 41      | 23                                                  |
| Poliomyelitis.....            | 2           | 0      | 1      | 1                                                   | 1           | 6      | 2       | 4                                                   |
| Rabies (human).....           | 0           | 0      | 0      | 0                                                   | 0           | 0      | 0       | 0                                                   |
| Scarlet Fever.....            | 48          | 49     | 50     | 26                                                  | 70          | 62     | 61      | 38                                                  |
| Smallpox.....                 | 85          | 63     | 68     | 43                                                  | 34          | 36     | 33      | 16                                                  |
| Syphilis.....                 | 135         | 82     | 160    | 254                                                 | 103         | 168    | 140     | 71                                                  |
| Tuberculosis.....             | 116         | 199    | 167    | 149                                                 | 120         | 219    | 108     | 138                                                 |
| Typhoid Fever.....            | 35          | 22     | 27     | 7                                                   | 23          | 30     | 23      | 41                                                  |
| Typhus Fever.....             | 0           | 0      | 0      | 1                                                   | 1           | 0      | 2       | 0                                                   |
| Whooping Cough.....           | 59          | 78     | 55     | 65                                                  | 78          | 69     | 69      | 47                                                  |
| Totals.....                   | 881         | 833    | 922    | 1022                                                | 1055        | 1060   | 947     | 738                                                 |

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